N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

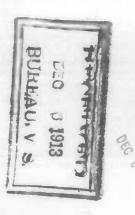
C	PLACE OF DEATH 5082	STATE OF MARYLAND CERTIFICATE OF DEATH
v	"Illags or City Waterburn (No	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  (Wonth)  (Day)  (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1913, to  1913, to  1913, to  1913,
(a)	If LESS than 1 day,hrs. ORmln.?  CCUPATION 1 Trade, profession, or ricular kind of work.	and that death occurred on the date stated above, at JP m. The CAUSE OF DEATH* was as follows:
bus whi	General nature of industry, iness, or establishment in the employed (or employer)  IRTHPLACE tate or country)  Walsbury U-a Common Comm	(Duration) yrs. mos. ds.  Contributory (Secondary) (Deration) yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER	(Signed) , M. D.  , 1913. (Address) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals. Institutions, Transients, or Recent Residents) At place in the
	(State or country) Valesbury Md  THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE  (Informant) SEOTGE Allen  (Address) 315 N- Indianna allanly	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
15 File	ed 20. 192 Borloye	20 UNDERTAKER  20 UND
	The second address place hegistra	, o m. branking St., Daito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the "H art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF BEATH 15083	STATE OF MARYLAND
	CERTIFICATE OF DEATH
Gounty CC	
DM .	Registered No. 3.0
Village or City (No.	St; Ward) [It death occurred in
(140	St; Ward) a hospital or institution, give its NAME instead
1 1 1 1 1	ot street and number.
FULL NAME Travecces	deard
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Dingle	1913
Male While (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	2 ded notise, to attended deceased from
183-1	2 Ole al nows to allerd 191 ,
(Month) (Day) (Year)	that I last saw h alive on
AGE It LESS than	
( ) ( ) ( ) day, hrs.	and that death occurred on the date stated above, at Marketten,
yrs. mos. or ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	
(a) Trade, profession, or fame	Accidental toronna
particular kind of work	8
business, or establishment in	
which employed (or employer)	
BIRTHPLACE (State or country)	(Secondary)
Ballmorz	
10 NAME OF	(Ouration) yrs. mos. ds.
FATHER (aft John Beard	(Signed) Outro Ceallans on , M O.
O 11 BIRTHPLACE	See 13., 1913 (Address) South Rive
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF Mother Ash, a Sussement	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
M 12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Sophia Lowery	
	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Ballimore	At place In the
	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Interment) John J. Vacande	Former or
m. ou.	usual residence
(Address) Mayo, a.a.cv.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	M Osevent Dec 2 1913
Filed Dec 12 1913 Jahn Callyson	20 UNDERTAKER ADDRESS
Dul REGISTRAR	Change of Suite 159 West St
ly more blanks are needed, address State Registrar, 6	E Frenklin St. Parket Personaling V C V
, and the state of	

[Approved by U. S. Census and American Public Health Association.]

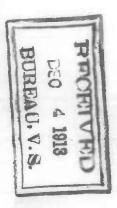
cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quaiffy as mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Ohronio The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



RECORD

PERMANENT

4

PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE

PLACE OF DEATH 15084	STATE OF MARYLAND
County C. C.	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Cinnapolis (No. 167,	Tree St; Ward)  [If death occurred in a hospital or institution give its NAME instead
2 FULL NAME Julia Victoria	Maring Bourie of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fernele While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	Normbu 3 1913 to Normbu 5 1913
June 13 1839	1913, to 11 2 1913,
(Month) (Day) (Year)	that I last saw h. Malive on Mrum W. S., 191.3
AGE If LESS than	and that death occurred on the date stated above, at 104 Am,
74 yrs. 4 mos. 23 ds. or	The GAUSE OF DEATH * was as follows:
OCCUPATION /	Is luff and Faralysis J
(a) Trade, profession, or four lufe	- Hearty
b) General nature of Industry,	
usiness, or establishment in thich employed (or employer)	(Ouration) yrs. mos. ds.
BIRTHPLACE State or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF John Henry Waring	(Signed) Walton H Hoybuis, N.D.
11 BIRTHPLACE OF FATHER	1117 4, 1913. (Address) Kunafer les M.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
trilly Wollienston	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Myland D. Lisdala	Former or usual residence
Characterst 2nd	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address). Character of the second	Allania Court for 7, 1913
May 7 1013 Amemiles	20 UNDERTAKER ADDRESS
1180 /	James a Caulo In a 1.1.
REGISTRAR	The state of the s

[Approved by U. S. Census and American Public Health Association.]

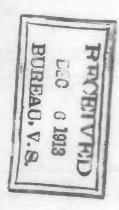
who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronical mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1913



# MARGIN RESERVED FOR BINDING

V. S. No. 1.

ż

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS 1

PLACE OF DEATH

Ounty Time Armall

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 22

Village or City Club (No. No. St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

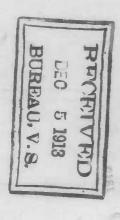
FULL NAME Calom horns	vd lovyer of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day 14 (Year)	that I last saw here alive on when I attended deceased from the last saw here alive on when I alive on 1913.
TAGE  H yrs 2 mos 50 ds.  It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos. 7 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  PATHER	Contributory Secondary  (Ouration)  (Signed)  (Signed)  (Duration)  (Duration)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER WILL CHAMING SANFORD  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Severn Mol.	The place of Burial or REMOVAL DATE OF BURIAL  The proof of Burial of Server Mandrews, 4, 1913
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

lesis pneumonia"); Lobar pueumonia; Bronchopneumonia ("Pneumonia." "Croup";) brospiual faver (the only definite synonym is "Epidemic cereterm for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphtheria (avoid use Typhoid meninges. unqualified, is indefinite): Tubercuferer (never peritonaeum, etc., report "Typhoid

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cau-"Contributory." such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," Measles (disease causing (Recommendations on statement of death), 29 "Exhaustion," Never report



S. No.

N. B.

150	186
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1 PLACE OF DEATH

Village or City

County anne annall

Coundel 1

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration			2-7
Registration	Diet	No	1
ILAPIACI MEIAII	W 136,	110,	

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

\*FULL NAME Hilliam Grancis Boyer

(No.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	rale While White Widower or District White the word)	16 DATE OF DEATH  Novembly 22, 191.3.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw h Lin allye on hovember 22, 1913,
7 A		and that desth occurred on the date stated above, at 8.50 P. m.
	7 3 yrs // mos 2 6 ds. 0R min. ?	The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION OTrade, profession, or respectively fixed the fixed of work.  Harm Laborer	- CAST TO LOND CONTROL
bus	General nature of industry, iness, or establishment in the employed (or employer)	(Duration) 4 yrs. 3 mos. ds.
9 BI	RTHPLACE (State or country) Maryland	Secondary (Burelles)
TS	10 NAME OF FATHER John Boyler  11 BIRTHPLACE	(Signed) (Signed), M. D. hovember 23191 (3. (Address) Lesent Ing.
ARENJ	OF FATHER (State or country) Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lyjury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
	(Interment) The Rest of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Fermer or usual residence.
	(Address) lever ma.	19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL
16 FII	ed Nov. 23, 22 1913 Holday a Shaw	Chamily Bourial gound levern my hor combe I41913.  20 UN GERTAKER  ADDRESS  Llwood Gisher Lawel
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the husiuess or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanitiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Seuile," ctc.), may he stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1913



S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT stated EXACTLY. properly classified. carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH .-Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.

PLACE OF DEATH 15087

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

5	4		,	w	25	4)
		9		**	GL I	<b>64</b> I

[if death occurred in a hospital or lostitutioo.

FULL NAME Mary Eliza	Suecil give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Negro (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	that I last saw h alive on
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Show the Court of death
*BIRTHPLACE (State or country) Transland  10 NAME OF FATHER amle Galloway	Contributory 201 Show 12 Secondary (Peration) yrs mos ds. (Signed) Maclana august M. D.
OF FATHER (State or country) Mayland  12 MAIDEN NAME OF MOTHER Edith Bent	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, institutions, Transients, or Recent Residents)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  18 BIRTHPLACE OF MOTHER (State or country)  MALLE REST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Convertione	19 PLACE OF BURIAL OR REMOVAL  Date of BURIAL  Mr. 28, 191.3  20 UNDERTAKER  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indl-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Branchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may he stated under the head (Recommendations on statement of of



'PLACE OF DEATH	STATE OF MARYLAND
County a. a. 15088	CERTIFICATE OF DEATH
VIIIage or City Flanfield No. a.c.	Brown [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  5 DATE OF BIRTH  NW, 16th 1909	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  Nov 7, 1913, to Nov 8, 1913,  that I last saw h & alive on Nov 7, 1913
(Month) (Day) Year Y	and that death occurred on the date stated above, at 12 9 m,
yrs. // mos. 2 ds. OR min.?  **Goccupation** (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  John Caught Sure while  John Caught Sure while  (Duratien) yrs. mes. ds.
BIRTHPLACE (State or country) In any land	(Secondary) (Deration) yrs mos s.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAME OF MOTHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME O	(Signed) Tiele and M. D.  Nov 9, 1913 (Address) Catter Gay - In State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Name Jean  13 BIRTHPLACE OF MOTHER (State or country)  2 Card	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
(interment) Tailed a Cond	Where was disease contracted, If not at place of death?  Former or usual residence
Filed NATION 1913 Thus Alloward Man	Turnace Granel MOVID, 1913 20 UNDERTAKER, ADDRESS Light St
If more blanks are needed, address State Registra	of 6 E. Franklin St., Balto., Requesting V. S. No. 1. Balis

[Approved by U. 8. Census and American Public Health Association.]

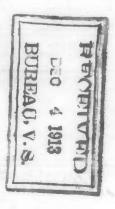
cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronic oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For VIO-

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DEC 4 1213



V. S. No. 1.

N.B.

Ø WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT

C	PLACE OF DEATH 15089	STATE OF MARYLAND CERTIFICATE OF DEATH
V	*PULL NAME Alexander Ca.	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	tale Colord (Write the word)	18 DATE OF DEATH Tournels 17th, 191.3.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
° D	Oclober 8 , 1888  (Month) (Day) (Year)	that I last saw h
7 A	25 yrs. / mos. 9 ds. or. min.?	and that death occurred on the date stated above, at 3.30 7 m, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)	Contributory Rent Parmely anton White
(S	RTHPLACE (att or country) NEST River Mid.	(Secondary)  (Duration) yrs mos ds.
PARENTS	10 NAME OF FATHER William Carroll  11 BIRTHPLACE OF FATHER (State or country) West River Md  12 MAIDEN NAME	(Signed) , M. D.  Mru / G. , 191 S. (Address) Church for M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	OF MOTHER Sarah a - Carroll  13 BIRTHPLACE OF MOTHER (State or country)  WEST River, Mid,	At place of death
	(Interment) James on Carroll	If not at place of death?  Former or usual residence
15 File	ed Nov 19, 1913 Amg Welch REGISTRAR	Daniel Star Cent - 5 DATE OF BURIAL  20 UNDERTAKER  E. H. B. Carken & Son. 92 West 81.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-

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B16 6 1918



MAN ciassiffed. properly pe may that plain of information DEATH in pial Item OF

OCCUPATION

PHYSICIANS

1 PLACE OF DEATH

Instructions mportant. Every a ż

CERTIFICATE OF DEATH County.... Registration Dist. No It death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS .16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month# (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ...? 1 day. hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 6 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Ouration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 1D NAME OF (Signed)... FATHER ., 191-3.. (Address)...// 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

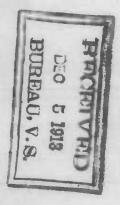
who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Honsckcepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); brospinal meningitis"); time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE for the same disease. Tuphoid unqualified, is indefinite); Tubercufever (never report "Typhoid Diphtheria Examples: Cerebrospinal (avoid use of

> such, if impossible to determine definitely. childbirth or miscarriage, as "Purrperal scottchae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Connant neopiasms); Measles; Whooping cough; Chrosiu er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . of the Americau Medical Association.) The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For vio-

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DEC 6 1913



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 15091	STATE OF MARYLAND
County arme armdel	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City Gast - Port (No. 2)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female While (Write the word)  \$\forall \text{angle}, \text{angle}, \text{oralle} \text{oralle} \text{oralle} \text{oralle}	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw h allys on
7 AGE   If LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Mi physician in allend-
business, or establishment in which employed (or employer)	(Duratioo)yrsmosds.
9 BIRTHPLACE (State or country) & ast - Port - Ind	(Secondary)
10 NAME OF Christenson	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
(State or country) Summark  (State or country) Summark  (State or country) Summark  (State or country) Summark	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) amalula Ind	At place In the of death yrs mos ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Chris Christensin	Former or usual residence
(Address) Cast - Port - MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 20, 1913 Amswelch REGISTRAR	20 UNDERTAKER Som Sant 20, 1913.  ADDRESS  Land Application of the second of the secon
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is "Epidemic cere-CAUSING DEATH (the primary affection with respect to brospinal term for the same disease. Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc... meningitis"); Diphtheria (avoid use Typhoid fever (never unqualified, is indefinite); Tubercu-Examples: Cerebrospinal report "Typhoid

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) "Dropsy," "Exhaustion," ..... (name origin; "Can-State cause for

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before 1913

DEC 6



## MARGIN RESERVED FOR BINDING

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 $^{\scriptscriptstyle 1}\text{Place of death } 15092$ 

County Claine arundel

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

of street and numbar. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Sacrofa 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ... 1913... to... (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at..... 1 day, .....hrs The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or narticular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory /Co (Secondary) (State or country) Hary land 10 NAME OF FATHER 13, 191 3 (Addrass) WEE L 11 BIRTHPLACE ENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was diseasa contracted If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scotichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," ample: Measles (disease causing death), 29 cs.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can Examples: For vio-



No.

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RECOF	PHYSICI of OCC
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGC important. See instructions on back of certificate.
15	assif
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L-X	AGE
5	be be
DIN	supp may te.
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×	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
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	JSE Jorta
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OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS TRUE

(Informant)

PARENTS

ANS should state UPATION is very

VIIIage or City Davidsenvilleno.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St; Ward)  [It death occurred in a hospitel or institution, give its NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, MARRIEO, MOOWED, OR OIVORCEO (Write the word)	16 DATE OF DEATH OF . 9Th . , 1918
8 DATE OF BIRTH  Feb. 24, 1.885.  (Month) (Day) (Year)	#21. 1813, to Nov. 9th, 1913, that I last saw him alive on Pur. 7th, 1913
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or favored Jahorer	arino Schroin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Securally 5 from thely is.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duretion) yrs. mos. 5 ds.
FATHER /	(Signed) M. Harco _ NO

, 191 3 (Address) Davidouriel \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENCE (FOR HE	SEPITALS. INSTITUTIONS, TRANSIEN	TS
At place	In the	
ot death yrs mos ds.	State yrs mos	ds
Where wes disease contracted,		
It not et place ot death?		
Former or		

-			
CE OF	BURIAL O	RREMOVAL	
		5	
מעמב	and	177 X X	
	add to		ce of Burial or REMOVAL

ADDRESS

DATE OF BURIAL

(Address) If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purremeal septichaemus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile." etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) "Contributory." scpsis, tctanus) by cardolic acid-probably suicide. The nature of the LENT DEATES state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING N. B. No. 1. N. B.

PLACE OF DEATH 15094	STATE OF MARYLAND
County a, a, mg	CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City V, Balso (No. 8,	Eliu St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead
FULL NAME antoni, Son	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, The Color of Race of Single, Married, Married of Ordivorced (Write the word)	(Month) (Day) (Year)  [ HERENY CERTIFY That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that last saw h challve on Nov 2 1913
7 AGE   11 LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:
(a) Frade, protession, or particular kind of work.  (b) Administration	Julmonom Superculoses
(b) General nature of industry, business, or establishment in which amployed (or employer)	(Duration) J yrs. 1 mos. 13 ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration)  yrs
10 NAME OF Peker. Dowgialo	(Signed) Thy 11 10, Thorford, M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-
1011110000	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ANNUAL STATE OF THE STATE OF
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
(Interment) Brows laws Sow fialo.	Where was disease contracted, If not at place of death?  Former or
(Address) I. Elws. Sd.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed MOV 3 = 1913 Phon Betorton as	Holy Cross 11. J. 18/3 29 UNDERTAKER DE ADDRESS TO TO
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlagitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscia of lungs, meninges, peritonacum, etc..

"Contributor injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Jor viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-



W. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

County Anne Arundly	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Annapolis (No. 25,	Registration Dist. No. 21  Franklin St.; 3 Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from
September 3 th 1868 (Month) (Day) (Year)	that I last saw her alive on Suturday Nor 29, 1913
TAGE  45 yrs. mos. 29 ds. or. min.?  **Boccupation* (a) Frade, profession, or particular klod of work.  **Lorift**	and that death occurred on the date stated above, at 9 pm, The CAUSE OF DEATH * was as follows:  Jubliotic Procumoica
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Waldo, O, Bigelow  11 BIRTHPLACE (State or country) So, Fraumy ham Mass  12 MAIDEN NAME OF MOTHER WALL & OF WALL	(Signed) Generation) yrs mos. 7 ds.  (Signed) Generation yrs mos. 7 ds.  (Signed) Generation yrs mos. 7 ds.  (Signed) Generation yrs mos. 7 ds.  (Signed) Yrs mos. 7 ds.
OF MOTHER Mary A, Fullips  13 BIRTHPLACE OF MOTHER (State or country) Qualous Md  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the ot death
(Informant) Amp Bigelow  (Address) 5026 42 sh Baltimore	Former or usual residence
Filed Dec 2 19+3 Imsmeld REGISTRAR	20 UNDERTAKER ADDRESS W. F. Valdung. anualpolis Wa
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfuibeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichaegenitai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and quality as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0500



### BINDING FOR RESERVED MARGIN

V. S. No. 1.

### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very PERMANENT UNFADING INK-THIS IS WITH WRITE PLAINLY. N. B.—Every Item CAUSE OF Important. S

PLACE OF DEATH  County	STATE OF MA	
Village or City 3 nd. District (No. 2 FULL NAME Charles 5	Registration D St.;—Ward	Fif death accurred in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male white (Write the word)	ved DATE OF DEATH Later pa	A Nov 191 (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY The	attended deceased from
(Month) (Day (Ye		, 191
TAGE  about 45 yrs. mas. ds. OR	hrs. The CAUSE OF DEATH was as follows:	
a) Trade, protession, or particular kind of work.  (b) General nature of Indostry, business, or establishment in which employed (or employer).	souned soa sou March (Ouration)	9 40 ma 8 - 1914 yrs mos ds.
9 BIRTHPLACE (State or country) Drowned or	Contributory	1913.
11 BIRTHPLACE OF FATHER  (State or gountry)	(Signed) 7 (Address) (Address)	h 8-19. My
12 MAIDEN NAME OF MOTHER CAMPAGE	*State the DISEASE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITAL OF RECENT RESIDENCE)	1 2 1 0 01
13 BIRTHPLACE OF MOTHER (State of country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the	yrs ds
(Intermant)————————————————————————————————————	Formet or usual residence	
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filad 101	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report 01

02

Yery should is OCCUPATION RECORD PERMANENT UNFADING certifica back PLAINLY instructions pla ٩ of inform DEATH WRITE Item Every item CAUSE OF important.

12 MAIDEN NAME

13 BIRTHPLACE

15

OF MOTHER

OF MOTHER (State or country

STATE OF MARYLAND PLACE OF DEATH 15096 CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL **GERTIFICATE OF** 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, (Month) DEDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death ..... yrs. ..... mos. .... State \_ ds.

Where was disease contracted. If not at place of death?

Former or usual residence

EN OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulbeen changed or given up ou account of the disease it should be used only when uceded. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-tesis of lungs, meninges, peritonaeum, etc., Carcin-

18. e

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL poritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—aeciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it, will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0550



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1 DI ACE OF DEATH

PLAGE OF DEATH	STATE OF MARTLAND
Gounty Q. Q. 15097	CERTIFICATE OF DEATH
	Registered No. 20
Village or City Mous (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, ORDIVORCEO	16 DATE OF DEATH Non 12, 1913 (Month) (Day) (Year)
Male While (Write the word)  B DATE OF BIRTH  And Manager	Oct. 297, 1913, to New 12, 1913,
(Month) (Day) (Year)	that I last saw h. allve on Nov 11 ,1913
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4 . m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work  Oysterman	Greppe
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Bron chilis mos. 12 ds.
State or country) Yalbar Es. Md.	(Secondary) (Duration)yrsmosds.
10 NAME OF FATHER Robert Gardener	(Signed) John Collinson, M D. Not 12, 1913 (Address) South Rive Ma
OFFATHER (State or country) Maryland  12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Charlotter Brown  13 BIRTHPLACE OF MOTHER (State or country) Mary lon of	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds.  Where was disease contracted, It not at place of death?
(Interment) South Rune MA	usual residence
15 Filed Nov 12, 1913 John Gollinson Sail REGISTRAR	Memorial Cemeter Nov 13, 1913  20 UNDERTAKER Charly & Sault Annasols
if more blanks are needed, address State Registrar, 6	

STATE OF MARVIAND

[Approved by U. S. Census and American Public Health

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness." If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should, be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who, receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager,". "Dealer," etc., without more precise speck statement. . Never. return "Laborer," mine, ecc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation.-Precise statement of occupa-Women at home, who are engaged in the As examples: "Foreman,

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train, accisuch, if impossible to determine definitely. which surgical operation was undertaken. For yromia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUEBPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritu. nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



should is OCCUPATION PHYSICIANS RECORD ERMANENT EXACTLY statem stated Exa D. N. classified. should in AGE proper led. pe O Iddus may ADIN certificate that it carefully li. Z 20 Jo pe back terms, should plain Instructions Information of Inform DEATH See 9 item mportant. Jul. Every 0

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. If death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, W WIDOWED, (Month) (Day) (Year) Write the word) ! HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year (Month) 7 AGE if LESS than and that death occurred on the date stated above at 1 day hrs. OR ..... 7 (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ..., 191..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENZ CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death. \_\_\_\_\_ yrs. ..... mos, ..... State Where was disease contracted. if not at piace of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS MEGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genitai." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzerral septicharetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nonencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing valvular heart disease; Chronic interstitial nephritis The contributory "Old Age," "Shock," "Traemia," "Weakness," tctanus) Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 de.; State cause for Examples:



W. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT of information should be oarefully supplied. See Instructions on back of certificate. CAUSE OF Important. S

15099 1 PLACE OF DEATH

Village or City Comapoling (No. 83

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St; 3 Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number. T

FULL NAME COMES! THE	Ne.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (ORDIVORCED) (ORDIVORCED) (Write the word)	16 DATE OF DEATH Nov /8 , 1913.  (Month) (Day) (Year)
8 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Nov 4 1913, to Nov 18 1913  that I last saw h 2000 alive on 2000 18 1913
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4. 15 m. The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Spirition of Les (Duration) Les yrs Lymos 14 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (OF FATHER (State or country) West Rivernal  22 Maiden NAME OF OF MOTHER OF MOTHER	(Signed) (Secondary)  (Signed) (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lee River Med  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Informant) Carrie Breeze Moth	Former or  Tusual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Lived River Removal  20 th, 1913.
Filed have /9 ,1913 PREGISTRAR  If more blanks are needed, address State Registrar	Samuel alley 32, m. w. AV r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulmine, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report ample: Measles ter" is less definite; avoid use of "Tumor" for malk The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," (name origin; "Can-State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

230



RESERVED FOR BINDING MARGIN

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state. PEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE CAUSE OF Important. S

15100 1 PLACE OF DEATH

redservillaro.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.;----Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH For. 27 The (Month) (Day (Year)
(Month) (Day (Year)	that I last saw how alive on how 232 1913
TAGE    If LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, at Sa, m, The CAUSE OF DEATH* was as follows: Sen, le arteris. Oclars since Yalr. lon heart direct existing
(a) Trade, profession, or House Hole particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Wha I first saw her_ Cerebral her work a slight occasions in October (Buratton) yrs mos s.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Secondary  Secondary  Selmon a (Boration) yrs mos 10 ds.  (Signed) D. J.M. Hayes.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Hester Syler  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds  Where was disease contracted,
(Interment) Dusan Green	If not at place of death?————————————————————————————————————
(Address) Control Scrale	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  DATE OF BURIAL  NOV. 29, 191 3  20 UNDERTAKER  ADDRESS
Filed191	Jan. S. teet Davidsworle
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Houseveork, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same aecepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., mia," "PUERFERAL peritonitis," etc. \_ State cause for affection need not be stated unless important. valvular heart discase; Chronie interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mallg ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ehildbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. .PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 15101	STATE OF MARYLAND CERTIFICATE OF DEATH
County	115
	Registration Dist, No.
Village or City South Price, (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Stefshen In	os street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of Race 5 Single, Married, Wisower, Orbivorceo (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I strended deceased from
(Month) (Day (Year)	that I last saw h allve on 1913
Tage about 52 yrs If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Synhows of the
(b) General nature of industry, business, or establishment in which employed (or employer)	Quration) yrs mos ds.
9 BIRTHPLACE (State or country) Calhert Co. Und	Contributory & hauston  Secondary (Doration) yrs mos ds
10 NAME OF PLANAGORES AND	(Signed) John Pictority D.
11 BIRTHPLACE OF FATHER (State or country)  12 MATUREN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from William
of Mother Balances Sign	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 9 Color	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) South River a G & My,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed hov 21, 1913 Amgmelch REGISTRAR	Christopis Mely Mar 21, 1913. 20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of agc. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when ueeded. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation—Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or uniscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haçmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a defluite disease can be ascertained as the affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," ,(Recommendations on statement of "Exhaustiou," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Instructions

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OCCUPATION

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. If death occurred in a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGEE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Day) ORD VORCED HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1.30 H 1 day ..... hrs. was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory. <sup>9</sup>BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country ..... yrs. .... mos. 2 8. ds. of death State Where was disease contracted, If not at place of death? Former or usual residence. DATE OF BURIAL 15 ADDRESS RECISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may he entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from husiness, that fact may he indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puberberal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," ample: Meastes (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-State cause for or intercurrent Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 PLAINLY, WITH UNFADING INK-THIS IS RESERVED FOR MARGIN WRITE

7. S. No.

N.B.

Village or City With No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME Warry	Huber of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white spingle, winds with the word	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw hallve on,191
7 AGE  If LESS than 1 day, hrs. OR. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Here morpholin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Daration) yrs mes ds.
11 BIRTHPLACE (State or country)  Switzerland	(Signed) Total W. W. W. Syon, Esting Corner De Corner On 1913. (Address) Brows Cyn a. G. C.
12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Batto md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) Jacob Auber	Where was disease contracted, If not at place of death? Former or
(Address) Curtis Bay, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 10, 1913 Thou REGISTRAR	20 UNDERTAKER JULY ADDRESS BALLS MA
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. childbirth or miscarriage, as "PUTEPERAL septichaeture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-



PLACE OF DEATH 15104	STATE OF MARYLAND
County Q, W,	CERTIFICATE OF DEATH
Village or City Frankeld Bo Pelo	Registered No.  [if death occurred is a hospital or institution give its NAME lostead
* FULL NAME	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Chard Single,  Markied,  Widowed,  Widowed,  Wild (Write the word)	16 SATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Fear)	Nw. 2 2 1913 to Nw 2 2 1915 that I last saw h = allys on ,191
TAGE Still for 1 day, hrs. yrs mos. ds. Or min. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of iodustry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mes ds.  (Secondary)
(State or country)  Mayland  10 NAME OF FATHER  Samuel Hourd  11 BIRTHPLACE OF FATHER (State or country)  Mayland  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) Will any D. M. D.  (Signed) Will any D. M. D.  NWOY, 191 3 (Address) Causing Death, or, in deaths from Violunt Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER Jumes, Find,  13 BIRTHPLACE OF MOTHER (State or country)  Manyld	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs mos ds. State yrs mos ds.
(Informant) Samuel Hurd,  (Address) Tourfield, and	Where was disease contracted,  If not at place of death?  Former or  usual residence.  Place of Burial Orremoval  Date of Burial  That 2.3
Flied Nov Wight 3 Tho, By John REGISTRAN  If more blanks are needed, address State Registran	29 UNDERTAKER Hard Joes field Joes field ar, 6 E. Franki & Hard Hard Joes field ar, 6 E. Franki & Hard Hard Hard Hard Hard Hard Hard Hard

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "PUERPEEAL scptichaescpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for the head Examples:



7. B. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City ML-  2 FULL NAME  15105  (No. 79.	STATE OF MARYLAND CERTIFICATE' OF DEATH  Registration Dist. No. 2/  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 2 3 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH 2/2/3, (Month) (Dsy) (Year)	that I lsst saw h
7 AGE 11 LESS than 1 day,hrs.  yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment to which employed (or employer)	Contributory (Duration) yrs mes ds.
9 BIRTHPLACE (State or country) Am apolis Ma	(Secondary)  (Duration) yrs mos ds
10 NAME OF James Jenning	(Signed) John Gradont, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Minne ban	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  ACC  MA	At place in the of death yrs mos ds. State yrs mos ds.
(Informant) (Informant)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) 6 hes hut St	19 PLACE OF BURIAL OR, REMOVAL DATE OF BURIAL
Filed Nos 22, 1913 Amsmilela REGISTRAR	20 UNDERTAKER ADDRESS Samuel, Cller, 32, N. WSV

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, Arst, the disease causino death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronia Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; For VIO-



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RECORD

PLACE OF DEATH 15106 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in Village or City St .:--..Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from alive of (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at day, .....hrs. ..min. ? BOCCUPATION (a) Trade, profession, or, particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Doration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. ... 14 THE ABOVE Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or (Intermants usual residence DATE OF BURIAL (Address) 15 ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked on may form part of the second who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," ctc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. nus," "Old Age," "Shock," "Uraemia," "Weakness," naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF Registration Dist. N lif death occurred in Village or City St.:....Ward) a hospital or institution, give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, MARRIED. WICOWEC, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191. that I last saw h .. alive on ..... (Day) (Year) (Month) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? yrs. \_\_\_\_mos. 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. if not at place of death? Former or OF BURIAL OR REMOVAL OF BURIAL 15 20 UNDERTAKER

(Year)

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

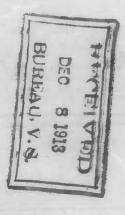
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal material worked on may form part of the second statement. Never return "Laborer," "Foreman." Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia pneumonla," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

childbirth or miscarriage. as "Turreral scotichaemus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of . ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis usat neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-(secondary or intercurrent "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can-State cause for Examples: For vio-01



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT AGE should be stated EXACTLY. SA UNFADING INK-THIS carefully supplied. may be See Instructions on back of certificate. that It B.-Every Item of Information should be CAUSE OF DEATH In plain terms, so WRITE PLAINLY, WITH important. 1 PLACE OF DEATH millersville

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St: Ward)

[If death occurred in a hospital or institution,

2 FULL NAME Sarah Martha	Joyce give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OROIVORCED OROIVORCED (Write the word)	18 DATE OF DEATH  Month)  (Month)  (Day)  (Year)
S DATE OF BIRTH LLy. 2, 1830 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 11-20, 1913, to 11-30, 1913, that I last saw have alive on 11-29, 1917
7 AGE  8 3 yrs. 9 mos. 28 ds. orhrs. ormin.?	and that death occurred on the date stated above, at 1830 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or thorne particular kind of work	(Duration) yrs. mos. 1 Q ds.  Contributory (Secondary)
10 NAME OF FATHER GLOTZE Bargar  11 BIRTHPLACE OF FATHER (State or country) Mary land —	(Signed) (Sugned) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed)
(State or country) Mary Land  12 MAIDEN NAME OF MOTHER Clizabeth Hay  13 BIRTHPLACE OF MOTHER OF MARY Land:	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
(Address). Milles size My Knowledge  (Address). Milles size My Knowledge  (Address). Milles size My.	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Sallwin Mun. Cenular  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. vi

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman." If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turremeal septichnecause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ctc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.). (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can Examples: 01



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 15109	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Quetter Bay	Registration Dist, No.
FULL NAME Marke	Siefen give its NAME of street and nu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	10 DATE OF DEATH NOV. 2010 (Month) (Day
6 DATE OF BIRTH  Cau 13 = 1913	17 HEREBY CERTIFY, That I attended designed
(Month) (Day (Year)  7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
Occupation (a) Trade, protession, or	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) #yrs mos.
9 BIRTHPLACE (State or country) Germany	Contributory Secondary (Ouration) yrs mos
on 11 BIRTHPLACE Scharts	(Signed Tho Storton
OF FATHER (State or country) Service of Mother 12 Maiden Name of Mother	*State the Disease Causing Death, or, in deaths from V Causes, state (1) Means of Injury; and (2) whether Author, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place la the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot deathyrsmos ds. Stateyrsmos Where was disease contracted, If not at place of death? Former or
(Address) Curtis Blay md	usual residence
Filed How. 22 To13 Tho B. Gotorton	3º UNDERTAKER ADDRESS
REGISTRAR	strar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is necbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," The contributory (Recommendations on statement of (secondary or intercurrent) State cause for

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DEC 4 1913



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is t:----Ward) a hospital or institution. give its NAME instead of street and number.] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, Marri (Month) OROIVORGEO I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ! 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ----Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL AADRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "PUEEPEBAL septicharaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples: For VIO-





PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; been changed or given up on account of the Disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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state Very PHYSICIANS should of OCCUPATION IS RECORD statement Exact classified. properly pe may certificate. that 80 50 back terms, plain Instructions \_ EATH 9 Item OF mportant. ы Every B ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Lif death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) if LESS than and that death occurred on the date stated above, at ... day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (e) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) FNT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_ mos, \_\_\_ ds. Where was disease contracted. if not at place of death? Former or usuel residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOBOR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE If not at place of death? DATE OF BURIAL (Address)..... 15 20 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC

1913



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

N. B.

1	PLACE	OF DEATH	15115
County	Q.	Q,	***************************************

#### STATE OF MARYLAND

Village or City Asserblic (No. 29)	CERTIFICATE OF DEATH  Registration Dist. No. 2 /  [It death occurred in a hospital or logitution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIEO, WIDOWEO, OR OIVORCED OIVORC	16 DATE OF DEATH 29, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
* DATE OF BIRTH 100 19 (Month) (Day) (Year)	191 to 29 1913 that last saw h alive on ,191
TAGE  If LESS than 1 day, has yrs	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Curculated Mid-	(Duration) yrs mos ds.  Contributory (Secondary)
10 NAME OF FATHER Quites J. Morgan.  11 BIRTHPLACE OF FATHER (State or country) , 12 Maiden NAME OF MOTHER OF MOTHER 24 /1	(Signed) (Si
of Mother Mary 4 Cerry  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the affect of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Intermant) fas I Margares (Address) Chrispolis Ma  18 Filed Nov 30 1913 Imgmelsk	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 UNDERTAGER O ADDRESS  ADDRESS
REGISTRAR  If more blanks are needed, address State Registra	r/B E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupat gainfuily employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as statement. Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described them and causation), using divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscip

cause. Always qualify all diseases resulting from LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Pursernal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) tetanus) may be stated under the head of (Recommendations on statement of \_ (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6



# MARGIN RESERVED FOR BINDING

No. 1.

02

N. B.

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. properly classifled. should be UNFADING INK-THIS AGE carefully supplied. may be See Instructions on back of certificate. that It PLAINLY, WITH terms, DEATH In plain of Information WRITE CAUSE OF Important.

#### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2

sounty de de la company de la	Registration Dist. No. 22
Village or City Odenton (No. 27 ULL NAME Carlos munry	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH  July 27, 1873  (Month) (Day (Year)	that I last saw home alive on Troumber 10, 1913
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1. 20 P  The CAUSE OF DEATH* was as follows:  (Furnion any Wibbaulosis
(a) Trade, profession, or particular kind of work	(Duration) / yrsmos
(State or country) Maryland  10 NAME OF FATHER George M. Immay  11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Duration) yrs mos M.  (Signed) 1913 (Address) - M.  *State the Disease Causing Death, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accide
13 BIRTHPLACE OF MOTHER (State or country) havyland  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF FIESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos, twice was disease contracted,
(Informant) Jeage 1 Insurance	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

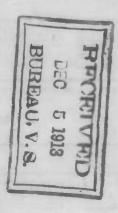
Filed My 11th , 1913 Holder Cy Chaw

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Causuch, if impossible to determine definitely. Examples: mia," "Puerveral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustlon," Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE

No. v2

20 ż

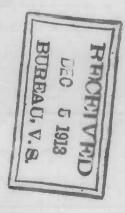
PLACE OF DEATH 15117  County County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Colenton (No	Registration Dist, No.  St.; Ward)  St.; Ward)  Wetleker  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Malk  4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH  April 12t, 1829  (Month) (Day (Year)	Oct 20, 1913, to 700 4, 1913, that I last saw h MM allve on Nov 4, 1913
7 AGE   If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 230 Am, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  1	(Duration) yrs mos 13 ds.  Contributory advance arteriose areas
10 NAME OF FATHER Charles Oliver Nethker  11 BIRTHPLACE OF FATHER (State or country) Mary Canel  12 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
(informant) Mrs. C. Harding	If not at place of death?  Former or  usual residence.
(Address). Collection, 4712,  16 Filed Mov. 6th, 1913 BAA Shaw REGISTRAR  11 more blanks are needed, address State Regis	19 PLACE REBURIAL OR REMOVA.  20 UNDERTAKER OACLAND MADDRESS  Browles Son  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

lcsis of pneumonia"); term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only defiuite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE lungs, meninges, peritonacum, etc., Carcinmeningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Examples: Cerebrospinal (avoid Tubcreuuse

> childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nunt neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," State cause for "Exhaustiou," Never report



Filed My/1

#### PHYSICIANS should state of OCCUPATION to very RECORD statement PERMANENT stated EXACTLY. ciassified. PLAINLY, WITH UNFADING INK-THIS carefully supplied. may be DEATH in piain terms, so See instructions on back of should of Information CAUSE OF Important. S

PLACE OF DEATH 15118 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist,

.Ward)

[if death occurred in a hospital or institution. give its NAME instead of street and nomber.]

ADDRESS

**FULL NAME** 

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE   If LESS than t day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Status m - a series of College of
9.BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  22 UN 12 MAIDEN NAME OF MOTHER	(Signed)  State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) & A A A	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) (Address) Autou MR 7 8.	If not at place of death?————————————————————————————————————

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15119	R.
PLACE OF DEATH	STATE OF MARYLAND
County Anne Arund	CERTIFICATE OF DEATH
marancolo	Registration Dist. No.
Village or City (AXON VILLE)	St.: Ward) [It death occurred in
	a hospital or lostitution, give its NAME instead
FULL NAME JOHN M.	Cachmay of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malo, White Single, Marriel	10 DATE OF DEATH Not. 29 10 (Year)
Write the word)	HEREBY CERTIFY. That I attended depased from
6 DATE OF BIRTH	Nov 2/= 193 to Nov. 29= 1913.
(Month) (Day (Year)	that I last saw hem alive on Nov 29th 1913
TAGE If LESS than	and that death occurred on the date stated above, at 9m.
yrs 10 mos 15 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	CO LOUN W.
(a) Trade, profession, or particular kind of work.	Jallmond
(b) General nature of industry.	
business, or establishment in Not Employed which employed (or employer)	(Duration) yrs mos. S. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Surmany	$\mathcal{O}V$
10 NAME OF PATHER PLAN A	(Doration) yrs mos ds.
uninoun	(Struct) I I I I I I I I I I I I I I I I I I I
OF FATHER	1943. (Address) So. 13 alto, Ma
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEGY CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SYLVIPLE OF HOMEOFIELD
11 BIRTHPLACE OF FATHER (State or country Jermany) 12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF M	TAU, SOICIDAD, OF HOMICIDAD.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	of death yrs ds. State yrs ds
14 THE ABOVETS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) John A Pachmay	If not at place of death?
he a 'On ke	usuai residence
(Address) Nason Vellet Mis	PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
16 Acapt Alsayer	Mational emelen All 2=, 1913
Filed Over 193 Chould Norton In	ADDRESS ADDRESS
REGISTRAR	. seo chury 19 atto, ms .
more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indimine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as material worked on may form part of the second of persons engage gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not been changed or given up on account of the DISEASE Scrvant, Cook, It asemaid, etc. If the occupation has should be taken to report specifically the occupations fication as Day laborer, Farm laboren Laborer-Coal additional line is provided for the latter statement; the nature of the business or ind Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (i Cotton mill; (a) Salesman, (b) it should be used essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ambies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise tatement of occupamany occupations a single word or term on the line will be sufficient, e. g., Farmer or Planter, only when necded. in domestic service for wages, as Stry, and therefore an xamples :

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobder pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae-nia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenciainjury, as tracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as affection need not be stated unless important nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

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ECORD	OCCUPA
2	P of
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on hack of cartificate.
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	CAUS

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tit death occurred in a hospital or institution. give its NAME Instead of street and number. I <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death ..... yrs. ..... mos. .. \_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted, KNOWLEDGE if not at place of death? Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: who have no occupation whatever, CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman," cngineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucessis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," wound of head-homicide; Poisoned (Recommendations on statement of "Couvulsions," "Debility" ("Couetc. State cause for "Exhaustiou," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1913



BINDING FOR RESERVED MARGIN

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	N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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PLACE OF DEATH 15121	STATE OF MARYLAND CERTIFICATE OF DEATH
County C	Registration Dist. No. 21
Village or City Cast Fort (No. 8),  *FULL NAME Inlant Fiche	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OROIVORGED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
S DATE OF BIRTH / OV / Q , 1918  (Month) (Day) (Year)	that I last saw h 11 alive on 177 22 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Selilly
which employed (or employer)  9 BIRTHPLACE (State or country)  1 - Q - G - Mad	Contributory (Secondary) (Sugation) yrs mos ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. D.  1913 (Address) , M. D.  State the Disease Causing Death, or, in deaths from Violent
V 12 MAIDEN NAME OF MOTHER Javali Cornish	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Avivations Mill	At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant)	If not at place of death?  Former or usual residence
16 Filed Nov 23, 1913 Mmsmelch	20 UNDERTAKER ADDRESS
REGISTRAR	6 12 10 10 1 1 1 804 1 1 WEST 1.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreman schichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

050 6 1913



S. No. 1.

N. B.

#### stated EXACTLY. AGE carefully supplied. CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. of information should be WRITE

Exact statement

properly classified.

15122 1 PLACE OF DEATH County June Rumelef

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Trank WAPIN	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	Mall. Glack. Single, hukum.  Glack. WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Movember 30 ,1918 (Month) (Day (Year)
6 D	MATE OF BIRTH  (Month) (Day (Year)	that I last saw h im alive on weekle 30, 1913.
TA	35.2 yrs. mos. ds. 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2.309.m. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, protession, or ricular kind of work	Joseph Galling Calena -
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Buration) - yrs - mos 2 ds.  Gentributory Valvular /feart Risease
9 B I	RTHPLACE (State or country)	Secondary
	10 NAME OF FATHER Unknum.	(Signed) The Company of the Company
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Wishimm	*State the Disease Causing Dearli, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PARI	12 MAIDEN NAME OF MOTHER Lunkerum.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TOANSIENE
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Unknown.
	(Informant) / Losques	usual residence. Worcester County. Md
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	ed 12/2 193 Borne	1 popular Curretuy, See 3, 1913- 20 UNDERTAKER  P. Milister of State With the Time

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synodym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tunuor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report the head For vio-

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JAN 6 101

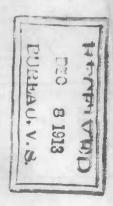
	15123	
	1 PLACE OF DEATH	STATE OF MARYLAND
Go	unty arme arundel	CERTIFICATE OF DEATH
		Registration Dist. No. 25
Vi	llags or City Dorseys (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME William Wale	ving behwarts
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Chovent 4th, 1913 (Month) (Day) (Year)
8 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	January 29, 1873 (Month) (Day) (Year)	that I last saw heim allye on anovember 4 1913.
7 AG	E It LESS than	and that death occurred on the date stated above, at 3.2.6
	40 yrs. 8 mos. 9 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a)1	CUPATION  Trade, protession, or Carpeller  icular kind of work	Heart disease
(b) busin	General nature of industry, ess, or establishment in h employed (or employer)	(Duration) Yrs. mos. ds.
9 BIF	atthplace (it on country) woshington D.C.	Contributory (Secondary)
	10 NAME OF Ins a Selmant	(Signed) Carthur Williams, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)  Services	nor 6", 1913. (Addrass) Elk Ridge and
PARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
-	13 BIRTHPLACE OF MOTHER (State or country)  Becurous	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos,
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
t1	normant) Curie In Johnand	Former or usual residenca
	(Address) dorseys horsen	19 PLACE OF SURIADOR REMOVAL DATE OF SURIAL
15 File	Nos 6 1913 Chart Brooks	29 UNDERTAKER ADDRESS DATE NO DE LA CONTRACTOR DE LA CONT
	If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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Village or City Annayolis (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
FULL NAME YSIAM DI	und et stices and number, j
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Color of RACE 5 SINGLE, Single Made Color (Write the word)  December 1912	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended decommed from 1913, to 1913
(Month) (Day) (Year)	that I last saw have alive on 191
AGE • If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
yrs 11 mos. 27 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
COCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Debili Gouration) yrs. mos. ds.
(State or country) Annanolis Md	Gentributory (Secondary) & harry harry (Secondary) & harry h
10 NAME OF John Dinnis	(Signed) (Si
11 BIRTHPLACE (STATE (State or country) A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mcs ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Daisy Hund	if not at place of death?————————————————————————————————————
(Address) Plianar & & &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 28, 1913 Mmg Welch REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS 9900071
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pueeperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-accizer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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NFADING

RECORD

PERMANENT

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Lecce Clecena Registration Dist. No..... OCCUPATION [If death occurred in (No. St.;....Ward) a hospital or institution, give its NAME Instead 6 high of 1 of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DAT 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRT classifled. that I last saw h...... alive on ..... (Year) (Month) (Day) TAGE tf LESS than and that death occurred on the date stated above, at 1 day, .... hrs. OR ..... min. ? roperly 8 OCCUPATION (a) Trade, profession, or particular kind of work ā supplied. (b) General nature of industry, pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (Secondary) (State or country) that of , 1913 (Address) back 11 BIRTHPLACE terms, Z OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. Ш 2 12 MAIDEN NAME A Instructions plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_.... mos, ..... ds x Where was disease contracted. AT If not at place of death? DE 5 Former or OF usual residence. important. 19 PLACE OF BURIAL OR REMOVAL CAUSE DATE OF BURIAL 15 20 UNDEBJAKER m REGISTRAR If more blanks are needed, address State Regia trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Hiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "TUERPERAL peritonitis," childbirth or miscarriage, as "Purrement schilchae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "heart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_ Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Traemia." "Weakness," etc. (name origin; "Can State cause for "Exhaustion," Examples: For vio-



Ounty anne annotel	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City anapolis (No. Shor	Registration Dist. No. 1
FULL NAME Andrew Lewis	Smith ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while single, single widoweth, who word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH OCH 10 , 1890	Nov. 8 1913, to Nov. 18 2 1913.  Drack When 9 reached him
(Month) (Day (Year)	that I last saw h alive on
23 yrs mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Maloumuss particular kind of work.	Occident - Electric Shock
(b) General nature of Industry, business, or establishment in which employed (or employer)  Md Electric Ractura	(Duration) Signature dos. ds.
(State or country) annufales med	Secondary (Duration) yrs mos ds
10 NAME OF FATHER Samuel W. Smith	(Signed) S. S. Hepleur, M. D.
11 BIRTHPLACE OF FATHER (State or country) Sallimon Med  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Trancis E. Smills	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccidenTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Annapoles mid	At place in the ot death yrs mos ds. State yrs mos ds
(Interment) Control of the Best of MY KNOWLEDGE	where was disease contracted, It not at place of death?
(Address) Montreay art, West Aunoblis.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed how 20, 1913 Amsmelah	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. a sport

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Laborer," write Nonc. As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeciture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of Never report





BINDING FOR RESERVED MARGIN

202

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact classified. pinous properly AGE supplied. pe may certifical that It 80 0 Pe back terms, pinous 60 plain Instructions 5 DEATH 0 OF Every Item CAUSE OF Important.

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state Very

15127 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. if death occurred in ...Ward) a hospital or lostitution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ., 1913 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State .... Where was disease contracted. If not at place of death? Former or usuai residence DATE OF BURIAL (Address).....

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baffo., Requesting N. S. No. 1.

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REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

-statement. duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



FOR BINDING MARGIN RESERVED

W. B. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Earles of Models,  2 FULL NAME Alester Syr	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GLUICHE GOLOR OR RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from 30  193  that I last saw h. alive on 2003  193
7 AGE   It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 920, m, The CAUSE OF DEATH* was as follows:
GOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishmeot in which employed (or employer)  BIRTHPLACE (State or country)  ONAME OF FATHER  ONAME OF FATHER	(Duration) yrs. mos. O.ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER ROSE CLUB Show THE OF MOTHER ROSE CLUB State or Country) Eastern Store That  13 BIRTHPLACE OF MOTHER (State or country) Eastern Store That	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos. ds. State yrs, mos. ds.
(Address) Earling to the BEST OF MY KNOWLEDGE  (Address) Earling to Hangalo	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed And G., 1913 Thomas Hos rights	20 UNDERTAKER Conhumn Slew During
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Earm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (d) Cotton mill; (a) Salesman, (d) Arceru: (a) Foreman, (d) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cod	PLACE OF DEATH 15129  Jage or City Lastkort (No. 125)  2FULL NAME William 6.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 dles While Single, Widower OR Divorce (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Recember 8, 1946  (Month) (Day (Year)		that I last saw have alive on Move to 1912.
7 A C		and that death occurred on the date stated above, at
(a)	Trade, profession, or Ralerman	(Pleurary V nemuoria
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. 10 ds.
981	RTHPLACE (State or country) · Unknown	Secondary  Duration yrs mos ds
	10 NAME OF FATHER Unknown	(Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
PAR	12 MAIDEN NAME Plutsuowu	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Mulecurvu	At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) Joseph T Lalley	Where was disease contracted, if not at place of death?  Former or usual residence.
16	(Address) Cast port 4 9 Ca Ind.	Cedar Bluss Court Nov. 11, 1913
	ed Nov 10, 1913 Jung Welch	20 UNDERTAKER LOUS Lours Course Coli
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Red.

[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Fuerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cau by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. "Collapse," "Coma," "Courulsions," "Debility" ("Couis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustiou," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1913



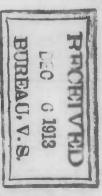
PLACE OF DEATH 19130	STATE OF MARYLAND	
	CERTIFICATE OF DEATH	
County County	21	
1.	Registration Dist, No.	
Village or City Weess Creek (No.	[If death occurred in	
Village or City / LUSSIS (No	St.; Ward) a hospital or Institution,	
) de	give its NAME instead of street and number.	
FULL NAME & Lativard	Lausey	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH NV. 27 1913	
Male While Widowed, and the word)	(Month) (Day (Year)	
	17 I HEPEBY CERTIFY. That I attended deceased from	
6 DATE OF BIRTH	Nov. 27 4 191), to/1024 191),	
00 12,1913	that I last saw h Am alive on NW 241 1917	
(Month) (Day (Year)	1 0 1 2	
7 AGE if LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,	
yrs ds, OR	The CAUSE OF DEATH* was as follows:	
BOCCUPATION		
(a) Trade, profession, or	444000	
particular kind of work	<u>x</u>	
(b) General nature of Industry, business, or establishment in	marasmus (Burelles) all led	
which employed (or employer)	(Duration) The Cines ds.	
9 BIRTHPLACE (State or country)	Contributory Secondary	
_ allenous Ad	marismus (Duration) all life de	
10 NAME OF FATHER	(1)///	
Trank Jausen	(Signed) A. D. M. D.	
11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	MW 2 191 ). (Address) Que potes MA	
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.	
of Mother Transcis Contoles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
7	If not at place of death?	
(informant) / Canala Canala	usuai residence	
West Green lest a Ca Ca	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Cumperby 270	21. +0 1 2 2 210010 3	
mar 18 a Amenial	20 UNDERTAKER ADDRESS	
Filed / 101 / 1913 / 1913	29 UNDERTAKER ADDRESS	
REGISTRAR Jas V. Flych, On Umpol		
If more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
	374	

[Approved by U. S. Census and American Public Health Association.]

who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Furm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the oecupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necbecu changed or given up on account of the disease Scrvant, Cook, Housemuid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, etc. If retired from business, that faet may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer,

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonla." "Croup";) brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meniugitis"); Diphtheria (avoid Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercuuse Carcin-

> cause of death approved by Committee ou Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations ou statement of (secondary or intercurrent) "Exhaustiou,"



PHYSICIANS RECORD PERMANENT properly AGE -XXI supplied. be O may certificate. that 80 Jo back terms. pinoy plain instructions = DEATH 6 Every Item CAUSE OF Important. S ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in St:.....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... Where was disease contracted. if not at place of death? Former or DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as dutles of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

losis of lungs, meninges, peritonacum, etc... pneumonia"); "Croup"); Typhoid time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinai fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE meningltis"); Diphtheria (avoid use of Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Carcin-

> such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) lnjury, as fracture of skuii, and consequences (e. g., mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Puerperal septichae. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



PHYSICIANS should state of OCCUPATION is very <sup>2</sup> FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WICOM ORDIVORCED (Write the word) BINDING stated 6 DATE OF BIRTH properly classified. A (Month) (Day) (Yea pe If LESS 7 AGE pinous FOR f day,.... THIS BOCCUPATION AGE (a) Frade, prefession, or RESERVED IN particular kind of work. supplied. (b) General nature of Industry, pe business, or establishment in UNFADING шау which employed (or employer) ----carefully sur o that it ma f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 MARGIN WITH 11 BIRTHPLACE DEATH in piain terms, see instructions on back ARENT OF FATHER (State or. country) pinous PLAINLY. 12 MAIDEN NAME OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country) WRITE OF Every item CAUSE OF Important, 15

If more blanks are needed, address State Reg.

15132

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2		
	St.; 372Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]		
RS	MEDICAL CERTIFICATE OF DEATH		
idmed	16 DATE OF DEATH November 29, 1913.  (Month) (Day) (Year)		
<u>d)</u>	17 I HEREBY CERTIFY, That I attended deceased from		
(Year)	that I last saw h. C. alive on Nov. 10 1913		
If LESS than I day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 - a m,  The CAUSE OF DEATH* was as follows:  Carelins Lepicopo		
······································	(Duration) yrs nos //2 ds.		
md	(Secondary) Lock of gup (Duration) yrs. mos. ds. (Signed) MC Career Planery, M. D. Dec 1, 1913 (Address) 931-Foliais Sh		
m	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.		
es	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the		
LEDGE	of death yrs, mos, ds. State yrs, mos ds.  Where was disease contracted, If not at place of death?		
$\alpha$	Former or usual residence		
ind.	Gedan Bluff Cm 11- ,181.2.		
REGISTRAR	Hoolley & Sm. 12 Omun on an		
State Registrat	8 E Franklin St Malto Pogneting V C N		

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[Approved by U. S. Census and American Public Health
Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples: For vio-



DNIONIB SERVED Ш

RECORD PERMANENT UNFADING DEATH OF Every Item CAUSE OF Important.

0 See Instructions

FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

OF MOTHER

(Address).....

ARENTS

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or lostitution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOBOR RACE MARRIEO, WIDOWEO, ORGIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. Secondary (State or country) 10 NAME OF

(Signed)

20 UNDERTAKER

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER Where was disease contracted,

If not at place of death? Former or usual residence

PLACE OF BURIAL O	R REMOVAL DA
0/10/1/10	76. 0. 7
Vropellae	acculary 1

ADDRESS

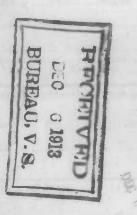
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT HEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. E., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory tetanus) (Recommendations on statement of may be stated under (secondary), 10 ds. (secondary or intercurrent) State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

15134		
PLAGE OF DEATH	STATE OF MARYLAND	
Conne Com les	CERTIFICATE OF DEATH	
County William County	156	
(A. 1.1)	Registration Dist, No.	
Village or City Wooklyn (No. //	St: Ward)   [if death eccurred is a hespital or institution	
101.	a hospital er institutiee, give its NAME instead	
// aroling	One of street and nember.]	
FULL NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
GOLOR OR RACE SINGLE,	10 DATE OF DEATH / DETENTER / 1913	
temale White (Wiete the word)	(Month) (Day (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from	
+, L 20	( CW FER 20, 191 3 to fformiter 1, 191 ).	
(Month) (Day (Year)	that I last saw h la alive on Cote 3/1913	
7 AGE If LESS than	and that death occurred on the date stated above, at 70 m.	
59 \ /3, 1 dayhrs.	The CAUSE OF DEATH * was as follows:	
yrs mes ds. OR min.?	( -+ ! ) ( ) .	
(a) Trade, prefession, er	Clark Cotar neumon	
particular kind of work		
(b) General nature of industry, business, or establishment in	( day = 1 - 1 //	
which empleyed (er empleyer)	(Juratien) 7) yrs mos ds.	
9 BIRTHPLACE (State or country)	Contributory A W War	
- Jenning	Austral (Duration) trs mos os	
10 NAME OF FATHER	ma (plane) blillip	
John Where	7/2-5 \$ 1/15// (17)	
OF FATHER	MAX 3, 191 (Address) /2/ Hawvill Dall)	
(State or country) 9000000	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTE)	
OF MOTHER (State or country)	At place in the ef death yrs mes ds. State yrs mes ds	
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
Hartman Wilsmen	If net at place of death?————————————————————————————————————	
(Intermant) / would be with the control of the cont	usual residence	
(Address) // (. Touth St.	19 ACADE OF BURIAL OR REMOVELY DATE OF BURIAL	
16 (0)/ 1/12	Clausty Mov 3, 1913	
Filed May 3 191 3 Chas H Brooks	20 UNDERTAKER DODRESS	
REGISTRAR	Unillong trumps. Walt.	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayto., Requesting N. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"





V. S. No. 1.

ould state	ounty Ams Cruedel	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 26
ECORD  17SIGIANS should  1 OCCUPATION 18	Village or City trizmutship (No.	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
2 4 6	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXACTLY.	3 SEX  4 COLOR OR RACE  Whate  Solution  6 Date of Birth  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased fro
SUNC INK-THIS IS A supplied. AGE should be simay be properly classified.	TAGE Childwas dead Some It LESS Men 1 mrs.  Wester byte to mos. ds. or min.?  BOCCUPATION  (a) Trade, prefession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
WRITE PLAINLY, WITH UNFAI B.—Every item of information should be esrefully CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certifical	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed. Max. 7., 191 3 Aly Parrel  Free Registran	Contributory (Secondary)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Mospitals, Institutions, Thansients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 Place of Burial or Removal  Prevolution 19 Place of Burial or Removal  Prevolution 19 Place of Burial or Removal  Address  Robot J. Wood  Address  Address  Address  Address  Address  Address  Address  Address  Address
ż	If more blanks are needed, address State Registral	



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Association.]

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